

# IOWA BOARD OF PHARMACY

400 S.W. Eighth Street, Suite E  
Des Moines, IA 50309-4688

515/281-5944 Voice

Website: [www.state.ia.us/ibpe](http://www.state.ia.us/ibpe)

515/281-4609 Fax

Iowa Pharmacy Technician:

Your Iowa pharmacy technician registration will expire soon. An application for registration renewal is enclosed. If your registration is not renewed before it expires you will not be able to continue working as a pharmacy technician in Iowa. **The items required under either A) or B) must be included with your renewal application.**

**A)** If you are **nationally certified** by ICPT (ExCPT exam) or PTCB, submit a copy of your current certificate when you submit your renewal application.

**B)** If you are **not certified** but you meet the **requirements for the extended certification deadline**, your employing pharmacist in charge must complete the form below and that certification must be included with your application for registration renewal. To qualify for this time extension, you must have **(1)** registered as a pharmacy technician on or before January 1, 2010, and **(2)** you must have worked as a pharmacy technician at least 2,000 hours during the 18 months prior to submitting your application for registration renewal.

**IF YOU WORKED FOR MORE THAN ONE PHARMACY DURING THE PAST 18 MONTHS. THE CURRENT PHARMACIST IN CHARGE OF EACH PHARMACY MUST COMPLETE A SEPARATE FORM. PLEASE MAKE COPIES OF THIS FORM AS NEEDED.**

**PLEASE TYPE OR PRINT CLEARLY. ALL DATES MUST INCLUDE THE MONTH, DAY, AND YEAR.**

I, \_\_\_\_\_, Pharmacist License No. \_\_\_\_\_, hereby certify that I am the Pharmacist in Charge of the pharmacy identified below.

PHARMACY \_\_\_\_\_ PHARMACY LICENSE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

I further certify that pharmacy technician \_\_\_\_\_, Technician Registration No. \_\_\_\_\_, has been employed and practicing as a pharmacy technician at this pharmacy during the time period and for the number of hours indicated below, and that the time period identified by these dates does not exceed the 18-month period preceding today's date. During this time period, this pharmacy technician has practiced as a pharmacy technician for \_\_\_\_\_ hours (average hours per week approximately \_\_\_\_\_ hours).

\_\_\_\_\_ to \_\_\_\_\_  
(Beginning Date) (Ending Date)

\_\_\_\_\_  
(Signature of Pharmacist in Charge)

\_\_\_\_\_  
(Date)